# **DOCUMENTING INCOME AND EXPENSES**

Good financial records indicate if a child care program is financially successful. In addition, they signify how the program is performing in terms of income and expenses. Operating decisions can then be based on solid financial facts; lacking facts, expenses may exceed income and place the future of the program in jeopardy.

Complete financial records help the program provide better service to parents and children. They provide data to parents of payments made to the program for income tax purposes. They also enable the preparation of accurate tax return filings on the state and federal levels.

Records must be complete, accurate and up-to-date. Failure to keep them current is almost a guarantee of future financial difficulties. Establish a systematical method to collect and record financial information consistently. Waiting until the last minute makes accurate recordkeeping almost impossible....

#### How should income be tracked?

Income to the program may come from a variety of sources. Keep track of each source separately. For example, record fees from parents separately from subsidies or grants.

The cash method of accounting is an easy way to record income and expenses. Income is recorded when it is received; expenses when the bills are paid. For example, if a parent pays a monthly fee in July, the income is recorded in July even if the payment is for services provided in June. If a bill is paid in October, the bill is posted in October, even if the supplies were received in August.

Cash flow may be improved by requiring parents to pay fees in advance on a monthly basis, or on a semi-annual basis with some small corresponding reduction in the total fee. These advance payments help cover expenses which occur on an ongoing basis.

Issuing receipts for all income is a good control and recordkeeping device. This helps to resolve any differences and provides a record of all fees or cash received.

Use receipt slips, designed especially for the program, with the program's name, address and logo, or purchase a receipt book at an office supply store. Be sure all receipts are numbered sequentially to facilitate auditing of financial records. Each slip contains the following information: amount received, description of time period covered and date of receipt. The use of a carbon copy system provides a record of all receipts written.

#### How should expenses be tracked?

Perhaps one of the least-understood invisible drains on a program is undocumented cash transactions. The optimum way to track and maintain control over cash is to establish a separate checking account for the program. If the program is part of a larger organization, establish separate budget line items for program income and expenses.

All transactions should flow through the checking account and be posted as separate accounts. Deposit all cash within 24 hours. Pay for everything by check. Timely deposits are essential to good accounting control and cash flow management. Maintain a small, well-managed petty cash account for transactions too small to warrant the expense of writing a check.

Remember, for tax purposes, all payments must be properly supported by a receipt or a canceled check. If a petty cash fund is used, record the date, amount and purpose of each payment in a bound journal. The journal may be a simple ringed notebook, but must show all transactions from start to finish for the time period.

Reprinted with permission from the National Network for Child Care - NNCC. Carter, S.K., & Bull, N.H. (1993). Recordkeeping for school-age child care programs. \**Beyond Opening Day\** series. Storrs, CT: University of Connecticut Cooperative Extension.

Retrieved 7/21/08 from http://www.nncc.org/Business/record.keep.html

# How should a budget for the program be developed?

Start the budget by estimating what the costs will be to provide services. Typical expense items for a child care program include the following items.

- Advertising
- Bank service charges
- Car expenses
- Debt payments
- Dues and publications
- Educational supplies
- Equipment
- Field trips\*
- Food
- Fringe benefits (payroll taxes, health insurance, etc.)
- Insurance (liability, fire, accident, transportation, business, rental, etc.)
- Interest on debt
- Licenses to operate the program
- Miscellaneous
- Office supplies
- Postage
- Printing
- Professional services such as attorney and/or accountant fees
- Rent or mortgage payments
- Repairs
- Salaries and wages
- Special events such as parent get-togethers
- Staff development (conferences, workshops, seminar fees, travel expenses to and from training)
- Student transportation
- Taxes (property, sales and use, federal corporate or personal taxes) depending on taxexempt status
- Telephone
- Travel and entertainment such as magicians, story tellers, or talent night
- Utilities (oil, electricity, gas, water, sewer, trash, etc.)

One simple way to start the budget process is to create a spreadsheet either on paper or with a computer. Computer spreadsheet software programs, designed for child care programs, are available or a single accounts payable system may be used. Place the name of each month in the fiscal year as a heading for columns in the spreadsheet; include a total column.

Next, place each expense item as the heading for a row in the spreadsheet. Be sure to use the last row for the total. Then estimate for each month what the expenses will be and total all columns and rows. Be sure the totals match.

<sup>\*</sup>Instead of building the cost of field trips into regular expenses, consider setting a separate field trip fee.

Once expenses are recorded, then look at income. Many programs receive grants from state agencies to operate and to provide nutritious meals to the children. If the program is set up as a not-for-profit organization, donations may be solicited and may be an important source of income.

Reprinted with permission from the National Network for Child Care - NNCC. Carter, S.K., & Bull, N.H. (1993). Recordkeeping for school-age child care programs. \**Beyond Opening Day\** series. Storrs, CT: University of Connecticut Cooperative Extension. Retrieved 7/21/08 from <a href="http://www.nncc.org/Business/record.keep.html">http://www.nncc.org/Business/record.keep.html</a>.

# **Pretty Good Preschool**

# PROPOSED BUDGET August 1, 2009-July 31, 2009

#### INCOME

| Tuition               | 153,149.29 |
|-----------------------|------------|
| Registration          | 4,000.00   |
| Fundraisers/Donations | 3,400.00   |

TOTAL 160,549.29

#### **EXPENSES**

| Salary & Benefits        | 147.019.29 |
|--------------------------|------------|
| Children's Snacks        | 3,150.00   |
| Supplies                 | 3,780.00   |
| Professional Development | 2,000.00   |
| Materials                | 1,200.00   |
| Equipment                | 1,200.00   |
| Advertising              | 400.00     |
| Telephone                | 600.00     |
| Insurance                | 800.00     |
| Miscellaneous            | 400.00     |
|                          |            |

TOTAL 160,549.29

# Pretty Good Preschool Income and Expenditures

| Month, Year |  |
|-------------|--|

# **INCOME**

| Received from | For | Amount | Check # or Cash |
|---------------|-----|--------|-----------------|
|               |     |        |                 |
|               |     |        |                 |
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# **EXPENDITURES**

Month, Year

| Paid to | For  | Amount | Check # or Cash |
|---------|------|--------|-----------------|
|         | . 31 |        |                 |
|         |      |        |                 |
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| То      | tal  |        |                 |

# ------Sample Monthly Financial Statement------

# **Pretty Good Preschool**

# Fiscal Year Beginning 6/01/07 Financial Statement for November 2008

|                             | Annual        |    | Actual         |    | Actual          | 0/ VTD       |
|-----------------------------|---------------|----|----------------|----|-----------------|--------------|
| 100045                      | <u>Budget</u> |    | <u>Period</u>  |    | YTD             | <u>% YTD</u> |
| INCOME                      |               |    |                |    |                 |              |
| Fall Registration           | \$4,104.00    |    | \$0.00         |    | \$2,462.40      | 60%          |
| Additional Registration     | \$0.00        |    | \$0.00         |    | \$100.00        |              |
| Tuition                     | \$102,127.50  |    | \$12,366.47    |    | \$41,333.04     | 40%          |
| Shrinkage (5% cushion for   |               |    |                |    |                 |              |
| loss)                       | (\$6,511.50)  |    |                |    |                 |              |
| Extended Care               | \$21,150.00   |    | \$2,787.23     |    | \$12.,647.59    | 60%          |
| Fees/T-shirt/Misc           | <u>\$0.00</u> |    | <u>\$53.50</u> |    | <u>\$503.25</u> |              |
|                             |               |    |                |    |                 |              |
| TOTAL INCOME                | \$120,870.00  |    | \$15,207.20    |    | \$57,046.28     | 47%          |
|                             |               |    |                |    |                 |              |
|                             |               |    |                |    |                 |              |
| EXPENSES                    |               |    |                |    |                 |              |
| Advertising                 | \$372.00      | \$ | 0.00           | \$ | 101.75          | 27%          |
| Audit                       | \$750.00      | \$ | 0.00           | \$ | 750.00          | 100%         |
| Payroll                     | \$111,033.00  | \$ | 9,183.02       | \$ | 55,101.46       | 50%          |
| Phone Line                  | \$250.00      | \$ | 28.80          | \$ | 172.80          | 69%          |
| Supplies - General          | \$450.00      | \$ | 36.25          | \$ | 238.50          | 53%          |
| Supplies-                   |               |    |                |    |                 |              |
| Office/Miscellaneous        | \$750.00      | \$ | 98.12          | \$ | 305.21          | 41%          |
| Supplies - Program/Start-up | \$2,595.00    | \$ | 862.22         | \$ | 1608.90         | 62%          |
| Teacher Appreciation        | \$300.00      | \$ | 29.07          | \$ | 224.37          | 75%          |
| Teacher Education           | \$75.00       | \$ | 0.00           | \$ | 83.15           | 111%         |
| Supplies-Snacks             | \$2,160.00    | \$ | (51.57)        | \$ | 1058.40         | 49%          |
| Van Fuel                    | \$70.00       | \$ | 70.00          | \$ | 55.00           | 79%          |
| Worker's Compensation       | \$1,000.00    | \$ | 450.83         | \$ | 450.83          | 45%          |
| Gifts                       | \$1,250.00    | \$ | 104.95         | \$ | 237.59          | 19%          |
|                             |               | -  |                | •  |                 |              |
|                             |               |    |                |    |                 |              |
| TOTAL EXPENSES              | \$121,055.00  |    | \$10,811.69    |    | \$60,387196     | 50%          |

# **Enrollment Application**

| Child's Name:   |                 |               |           |           |            |        |
|---|-----------------|---------------|-----------|-----------|------------|--------|
| Child's Address:  |                 |               |           |           |            |        |
| City:   |                 |               | State     | :         | Zip:       |        |
| Phone #:  |                 | _ Date of Bir | th:       |           | Sex: Male  | Female |
| Date of Enrollment:   |                 | F             | Program:  | Full-Time | 3-day      | 2-day  |
|   |                 |               |           |           |            |        |
| Parent/Guardian Information   | <u>tion</u>     |               |           |           |            |        |
| Name of enrolling parent/g  | uardian:        |               |           |           |            |        |
| Relationship to child:  |                 |               | Cell      | Phone #:  |            | _      |
| Address:  |                 | City/State:   |           |           | Phone #:_  |        |
| Employer:   |                 | Wo            | ork Phone | #:        | E          | xt     |
| Normal working hours:   |                 |               |           |           |            |        |
| May we communicate with E-mail address:   |                 |               |           |           |            |        |
| Name of other parent/guard  |                 |               |           |           |            |        |
| Relationship to child:  |                 |               |           |           |            |        |
| Address:  |                 | City/State:   |           |           | Phone #:_  |        |
| Employer:   |                 | Wo            | ork Phone | #:        | E          | xt     |
| Normal working hours:   |                 |               |           |           |            |        |
|   |                 |               |           |           |            |        |
| Child's Primary Residence   | e (Circle One): |               |           |           |            |        |
| With Mother W   | ith Father      | With          | Both Pare | ents      | With Guard | dian   |
| Parent's Marital Status (C<br>If divorced, who has legal custod<br>BB Toolkit/01.10 | •               |               | Single    |           | ivorced    |        |

| May the non-custodial parent pick up the                 | e child?              | Yes                  | No             |  |
|--|-----------------------|----------------------|----------------|--|
| If yes, include in release section. If no, documentation | on from the court may | be required.         |                |  |
|  |                       |                      |                |  |
| Medical Information                                      |                       |                      |                |  |
| Child's Physician:                                       | Address:              |                      | Phone:         |  |
| Any allergies:   |                       |                      |                |  |
| Any medical conditions or special health ca              | re?                   |                      |                |  |
| Hospital preferences:                                    |                       |                      |                |  |
| Does your child have health insurance?                   | Yes No                |                      |                |  |
|  |                       |                      |                |  |
| Emergency contacts other than the pare                   | ents (who have permi  | ssion to pick up the | e child):      |  |
| Name:  |                       | F                    | Phone:         |  |
| Address:Relationship to Child:                           |                       |                      |                |  |
|  |                       |                      |                |  |
| Name:Address:  |                       |                      | 'none:         |  |
| Relationship to Child:                                   |                       |                      |                |  |
|  |                       |                      |                |  |
| Persons (other than parents/guardian) a                  | uthorized to pick     | up the child fr      | om the Center: |  |
| Name:Relation  | onship to Child:      |                      | Phone:         |  |
| Name:Relation  | onship to Child:      |                      | Phone:         |  |

Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_

Name:\_

# Help us get to know your child and your family

| Is your child looking forward to his/her attending the Center?   |
|--|
| Does your child seem apprehensive about entering the Center?   |
| Is the child toilet trained? Yes No  |
| What does your child say when he/she wants to use the toilet?  |
| Does your child need assistance with: dressing/undressing eating washing hands                                 |
| Has your child been cared for by people other than the parents? Who?   |
| Favorite Game:   |
| Favorite Toy:  |
| Favorite Story:  |
| Favorite Food:   |
| Names of siblings and/or other family members that your child may talk about:                                  |
| Names of family pets:  |
| When your child is upset or unhappy, what seems to comfort him/her?  |
| Does your family celebrate holidays? Yes No If yes, please list below some important holidays for your family. |
| What are some of your goals and dreams for your child?   |
| What are some things you hope your child to learn while in our program?  |
| What language do you speak with your child at home?  |
| Please provide additional information on the back of this form that will help us welcome your child.           |
| I have received information about AR Kids First and about a medical home.                                      |
| Signature of parent/guardian Date  |

# Parent Authorization Form Emergency Medical Action & First Aid

| I                         | parent of                                     | , do hereby request and           |
|---------------------------|---|-----------------------------------|
|                           | r, or it's duly appointed representative, for |                                   |
| surgical aid as may be de | emed necessary and expedient by duly lic      | censed or recognized physician or |
| surgeon in case of an emo | ergency when the parents can't be reache      | ed.                               |
|                           |   |                                   |
| Signature of Parent/Guard | dian  |                                   |
| Parent/Guardian Name (F   | Please print)                                 |                                   |
| Today's Date              |   |                                   |
| State of                  |   |                                   |
| County of                 |   |                                   |

# **Medical History Form**

| Child's Name:                             |  |
|---|--|
| Date of Birth:                            | Sex: Male Female   |
| A copy of the child's immunization record | ds must be provided.   |
| Please list dates if applicable:          |  |
| Measles:                                  | German Measles:  |
| Medical History and Special Needs         |  |
| Frequent Ear Infections:                  | Frequent Throat Infections:                                  |
| Frequent Colds:                           | Sunburn Sensitivity:   |
| Diabetes:                                 | Seizures:  |
| Allergies:                                | Routine Medications: (If yes, please complete section below) |
| Disabilities:                             | Dietary Restrictions:(A doctor's note must be provided)      |
| Other:                                    | (A doctor's note must be provided)                           |
| Routine Medication(s):                    |  |
| Frequency & Dosage:                       |  |
| Medical Condition:                        |  |

# **Parental Permissions**

| I,   | , parent/guardian of   |
|--|--|
| (print name)   | (print child's name)   |
| Please circle "Give" or "Do not give"                                    | to indicate your preference for each item.   |
| (Give/Do not give) permiss   | ion for photography of my child for publicity purposes.  |
| <ul> <li>(Give/Do not give) permiss<br/>emergency situations.</li> </ul> | ion for my child to be transported by the Center in instances of   |
|  | ion for my child to leave the building for short walks to the elementary rhood park, or on Center parades.   |
| <ul> <li>(Give/Do not give) permiss play.</li> </ul>                     | ion for the Center staff to apply sunscreen to my child prior to outdoor   |
| (Brand and stree   | ngth of sunscreen to be used)  |
|  |  |
|  |  |
| (Parent/guardian signature)  |  |
|  |  |
| (Today's Date)   |  |
|  |  |
|  |  |
|  | WDAA D. I  |
|  | HIPAA Release Form   |
|  | Allergy and Medical Postings   |
|  |  |
| l,   | , parent/guardian of<br>(print child's name)   |
| (print name)   | (print child's name)   |
|  | d's allergy/medical alert in his/her assigned classroom, in the kitchen, rstand that this information will be posted to ensure all staff members ical needs. |
| Parent/Guardian's Signature  | Date   |

## **Behavior Guidance Policy**

We believe that children's misbehavior is an opportunity for teaching. Our goals are to help children develop self-control and to understand appropriate behaviors in different situations. We use the following steps to guide children's behavior.

- Help children know and understand limits for behavior and consistently implement limits.
- Recognize and comment on desirable behaviors.
- Teach social skills, problem-solving steps, and calm down routines as preventive measures.
- Overlook minor incidents that are not dangerous or disruptive, allowing children opportunities to use the problem-solving steps.
- When a situation requires adult assistance, help the child regain control of his/her emotions (if needed). Recognize the child's feelings and comfort the child. When the child is calm, identify the inappropriate behavior and how it is hurtful to the child, to others, and/or to the environment. Help the child think of appropriate behaviors that might have been used in that situation.
- Direct the child to a different activity, if necessary.
- Help the child calm down by briefly removing him/her from the group or activity where the inappropriate behavior occurred. Be sure the child understands why he/she is being removed. Identify the behavior that is expected when he returns to the group or activity. Stay nearby to monitor. When the appropriate behavior occurs, immediately recognize and comment.
- Briefly remove the child from the classroom under the supervision of a staff member, repeating the step above to teach, monitor, and recognize appropriate behavior.
- If a pattern of inappropriate behavior develops or if the child's behavior results in destruction of equipment or injury to self or others, a conference with the parents will be required. Working together, we can develop a plan of action that will provide the support and resources needed to help the child.
- There shall be no physical punishment or threat of physical punishment.
- Each child's dignity will be maintained. Incidents will be handled calmly and in a positive, supportive manner.

| I have read and understand the discipline policy of the center. | I give my permission for the center to use al |
|---|---|
| strategies set out above.                                       |   |

| Parent Signature | D | ate |  |
|------------------|---|-----|--|
| 3                |   |     |  |

#### Handbook for Families

Center policies and procedures are outline in the Handbook for Families. During your family's orientation the Center staff will review the handbook with you, including the following policies.

- Children interviews by licensing staff, child maltreatment investigators, and/or law enforcement
- Kindergarten Readiness Skills
- Licensing compliance record
- Infant feeding record
- Notification of injuries
- Notification of contagious illness
- Policy on administering medication
- Diapering preparation agreement

| <ul> <li>Product recall list</li> </ul>  |      |  |  |
|--|------|--|--|
| nave received a copy of the Center Handbook for Families and have reviewed the information listed. |      |  |  |
| Parent/Guardian Signature  | Date |  |  |
|  |      |  |  |

# HANDBOOK for Families 2008-2009

[Insert your program logo or a photo here]

# **Your Program Name**

Street Address City, State, Zip

Phone number

Web site e-mail address

[Your Name], Director

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|                               |       |

[Insert a photograph of your program's activities or a sample of children's art work]

## Welcome!

We welcome you to the [insert your program name] (insert program acronym, such as "HGABC", if used), and to the partnership we will share during these early school years.

The need for good quality early education is great, and [insert program name or acronym] strives to meet that need by providing nurturing educational experiences. As an Arkansas Better Chance (ABC) program, [insert program name or acronym] has chosen to meet quality standards that are substantially higher than the minimum requirements. Our goal is to help your child explore and begin to understand the world around us and to lay the foundation for future academic pursuits.

This handbook includes program policies and important information you will need as we share this year. We hope you will read the handbook carefully. If you have questions, please call us.

Please talk to us often. Thank you for choosing the [insert program name or acronym]. We're glad you are here!

Warmly,

[Insert director's signature]

[Insert director's name]
[Insert program's phone number]
[Insert director's or program's e-mail address]

|--|

[Insert a photo here that shows activity in your program]

# What You Need To Know Before Your First Day

## **ABC Program hours**

8:00 a.m. to 3:00 p.m., Monday through Friday.

#### Orientation

New families participate in an orientation meeting or conference with the director. If you have not attended an orientation, contact the center director. (See page 15)

#### What to wear

Your child should dress for an active day. We suggest comfortable, washable play clothes. Sneakers and socks are best for active play. (See page 12)

#### What to bring

It is a good idea for your child to bring a small backpack or tote bag to carry art work home. The Center program provides all meals, snacks, and school supplies for children. (See page 8, Nutrition)

Your child needs a complete change of clothes at the center (shirt, shorts/pants/skirt, socks, underwear). Be sure to write your child's name in each piece of clothing. Give the clothes to one of the teachers in your child's classroom. (See page 12)

# Arrival and Departure

Plan to arrive between 7:50 and 8:00 a.m. Park in the visitor parking lot on the east side of the building. Walk with your child to the preschool classroom. To pick up your child, arrive between 2:50 and 3:00 p.m. Come to the preschool classroom to call for your child. Be sure to sign your child in each morning and sign out in the afternoon. (See page 15)

#### Release of Children

No child will be released to persons not authorized by a parent or guardian. (See page 10)

# What You Need to Know the First Week

# **Attendance Policy**

Children are expected to attend every day from 8:00 a.m. to 3:00 p.m. Children who arrive after 8:30 a.m. will be considered tardy. Children must be picked up promptly at 3:00 p.m. Please call the center if your child will be absent. (See page 5)

#### Illness

Children who are ill will not be admitted to the center. (See page 7)

#### Meals and Snacks

The ABC program provides served breakfast, lunch, and an afternoon snack for all children. Weekly menus are posted in each classroom. (See page 8)

#### **Behavior Guidance**

Our program uses a variety of positive guidance techniques to help children learn appropriate behaviors and develop self-control. Physical punishment and threats are not used by our staff. (See page 13)

# Toys from Home

Children are encouraged to leave their toys at home. (See page 12)

[Insert a photograph of children in your program or child's art]

# Frequently Asked Questions

# FAQ 1: What if my child is sick?

If your child is ill, please keep your child at home. Be sure to call to let us know why he/she will be absent. If your child becomes ill during the day, we will call you. (See page 7)

# FAQ 2: What school supplies does my child need?

All supplies are provided by the Center. It is not required, but it is very helpful if your child has a backpack or tote bag to carry home artwork and other papers. [Insert your supply list]

# FAQ 3: Do you teach the children anything?

Preschool children learn in unique ways, so our activities may not look like "school". Our teachers plan activities that help children increase their thinking and creativity skills. Children's experiences will strengthen their literacy skills and encourage them to investigate the world around them. In other words, we're teaching early reading, math, science, social studies, health, music, art, and more!

# FAQ 4: Can my child bring a toy or DVD?

We do not watch TV or DVDs—there are so many interesting things in the world to explore and learn! We prefer that children leave their toys at home. (See page 12)

# FAQ 5: What if there's a tornado?

Your child's safety is our first concern. We practice emergency drills every month so that children and staff know what to do. Emergency drill procedures are posted in each classroom. (See page 10)

[Insert a photo or child's art work]

# About Our Program

#### Purpose

The purpose of the ABC program is to provide a safe and caring environment in which each child can play, learn, and grow.

## Our Philosophy

We believe...

- That children learn by using their senses and by moving.
- That each child learns and develops at his/her own pace.
- That children learn through language and rapidly developing their language skills.
- That preschool children need hands-on experiences with a wide variety of materials.
- That families and program staff are partners in supporting the child's development and learning.

#### **Attendance**

#### Hours.

Our program is open from 8:00 a.m. to 3:00 p.m. Your child is expected to attend for the full day. Frequent absences may result in discharge from the program.

#### Late Pick Up.

We expect children to be picked up promptly at 3:00 p.m. (Children who are enrolled in After Care will be transitioned into that program at 3:00.) Two things happen when you are late picking up your child. First, your child becomes anxious about why you are late. Second, staff (who have responsibilities after children depart and who have lives outside of the center) may have to stay at school past their scheduled time and are late for their afternoon or evening commitments.

If children are picked up after 3:05 p.m. by the school clock, a \$15 late fee will be charged per child. After 3:20 p.m. by the school clock, an additional \$15 will be charged per child. At that time, appropriate authorities will be called to take custody of the child.

#### Before and After Care.

For your convenience, child care is offered before 8:00 a.m. and after 3:00 p.m. Your child must be enrolled in before and after care before we can provide this service. Contact the center director for details about hours and fees.

#### Absences

If your child must be absent from school, please call to let us know. Illness and family emergencies arise from time to time. However, if your child is absent more than 10 days during

the school year, a parent conference may be required. Continued absences may result in discharge from the program.

#### **Tardiness**

The ABC program day starts at 8:00 a.m. If your child arrives after 8:30 a.m. by the school clock, he/she will be counted tardy for the day. After the third tardy, a parent-teacher conference will be required.

#### Staff

Lead teachers have Child Development Associate credentials. All staff members are required to participate in on-going training in child development and early childhood education. Our staffing maintains, at a minimum, a ratio of 1 adult to 10 children.

The center director initiates a background check on every new employee, as required by current licensing requirements. In addition, references from previous employers are required.

#### Curriculum

Our activities are planned around your child's individual needs, abilities, and interests. Because children learn through their senses and by moving, it may not look like school to you! Teachers use play experiences to help children learn skills and concepts. Activities encourage exploration, creativity, and problem solving. The staff works with children to enhance their learning and development in all areas: social-emotional, physical, language/literacy, and intellectual.

Our program has chosen to use [insert the name of your curriculum]. [Include a couple of sentences describing important features of your curriculum.]

# Field Trips [Delete this section if your program does not take field trips.]

Preschool classes take a variety of field trips throughout the year. Parents must sign a field trip permission form for each trip. If your place of employment would make an interesting trip for the class, please talk with your child's teacher. All field trips and special activities will be provided at no cost to families.

#### Calendar

ABC provides 178 school days. Our program follows the school district calendar. [Insert directions on how to access your program calendar. For example, "see inside back cover of this handbook", "call 000-0000", or give Web site address.]

#### Health

#### Illness

For the good of all children and the teachers, please keep your child at home if he/she is ill. If symptoms appear during the day, we will call you to pick up your child immediately.

If your child is exposed to a contagious illness, we will send a notice home with your child or contact you by phone or e-mail. Please let us know if your child has been exposed to a disease away from school so that we can watch for symptoms.

State health regulations require that children with the following symptoms be excluded from child care.

- **Fever** over 101 (taken orally).
- **Diarrhea** (3 or more watery stools in a 24-hour period).
- **Vomiting** (2 or more occasions within the past 24 hours).
- Rash that is not obviously associated with diapering, heat, or allergic reactions to medications.
- **Sore throat** if associated with fever or swollen glands in the neck.
- Severe coughing leading to gagging, vomiting or difficulty breathing
- Pink eye
- Untreated scabies, head lice or the presence of nits
- Multiple sores in the mouth with drooling
- Ring worm
- Impetigo

#### **Immunizations**

Every child in the Center must be fully immunized. A photocopy of the child's current immunization record is required at the time of enrollment. Please remember to provide a new copy if your child receives additional immunizations during the school year. Failure to comply with this requirement will result in termination of your child's enrollment.

#### Medication

Our program staff does not administer medication to children. However, if your child has a medical care plan that requires medication during the school day, please contact the center director to make these arrangements. We will work with you to administer medications necessary to sustain life (i.e. heart, lung, and diabetic mediation). This requires written permission from parents and written directions signed by the physician ordering the medication. Antibiotics, cough syrup, Tylenol, etc. are not considered life sustaining. Parents are welcome to come to the center to administer medications they wish their children to have.

## **Injuries**

**Minor injuries** will be treated with appropriate first aid and you will be informed about them on an accident report. Accident reports are placed in children's cubbies for parents to pick up.

You will be called to the center immediately if your child sustains a more **serious injury**. In cases that we perceive to be potentially life threatening, we will call an ambulance to transport your child to a medical facility and will direct you to meet the ambulance. All costs for the ambulance and medical fees are the responsibility of the child's family.

#### **Nutrition**

Our program serves two meals and one snack per day. Menus are posted in each classroom. There is no charge for these meals.

Breakfast 8:00 am Lunch 11:00 am Snack 2:30 pm

We expect all children to participate in our meal program. If you send a meal for your child, it MUST meet the nutrition requirements of the US Department of Agriculture.

#### **Food Allergies**

Please notify your child's teacher if your child has food allergies. You will need to bring a statement from your child's doctor confirming the food allergy and including any special instructions or emergency procedures. Menu items with equivalent nutritional value will be substituted for allergy-causing foods.

#### Rest

Children are offered an opportunity to rest after lunch. Children have sleeping mats or cots labeled with their names. Clean sheets are provided weekly, or more often if needed. Children may bring from home a small blanket, small pillow, or stuffed toy. Children are not required to go to sleep. Non-sleepers may rest quietly with a book, while lying on their cots/mats.

[Insert child's artwork or a photograph of center activities]

# **Outdoor Play**

Outdoor play is not just recess, but is an extension of our indoor learning opportunities.

All children will play outdoors every day, weather permitting. [Insert your program's criteria for determining whether or not to take children outdoors.] The length of outdoor play times is adjusted according to the weather. Factors such as humidity and wind are considered in determining whether children will be able to play outdoors and how long they will stay out.

- If children are healthy enough to be at the center, they are healthy enough to go outdoors.
- Please **dress your child for the weather**, especially cool mornings in fall and spring.
- Sneakers with socks, or other similar shoes, are best for running, climbing, and enjoying the outdoors.
- At enrollment, parents sign a consent form for **sunscreen** to be used as needed.

[Insert a photo of activities in your program or sample of children's art]

# Safety and Emergencies

#### Transportation [Delete this section if your program does not transport children.]

If your child is less than six years old and weighs less than 60 pounds, a child passenger safety seat will be provided when he/she is transported by the center. If your child is at least 6 years old or weighs at least 60 pounds, he/she must be restrained by a safety belt. (Ark. Code Ann. 27-34-104). Conventional school buses are exempt from this requirement.

Our program may work with the public school to provide transportation for field trips and daily trips to and from the Center. The following transportation plan has been approved by the Division of Child Care and Early Childhood Education.

- An escort assigned by the director (older than a 6<sup>th</sup> grader) will accompany your child to and from the bus pickup area.
- A checklist will be used to verify that the bus driver and teacher have made a visual identification of your child to ensure your child gets on the correct bus.
- Your child's teacher will plan learning activities on bus safety as a part of the classroom curriculum at the beginning of each school year.

## Release of Children

No child will be released to persons not authorized by a parent or guardian. We must have written authorization of changes in transportation. If we have any doubt that the person picking up your child has not been authorized by a parent or guardian, we will not release the child until we contact you.

# **Emergency Procedures**

Evacuation procedures for fire and other emergencies are practiced monthly. Severe weather drills are also conducted every month. When severe weather is in the area, the director monitors weather reports and alerts staff to be prepared to quickly move children to safety. Emergency procedures are posted in each classroom. The staff knows and periodically reviews procedures for other emergencies, such as an intruder or a shelter-in-place alert.

# Weather-related Closings

When [name of local school district] closes due to severe weather, our Center will be closed. Closings will be announced on [name the local radio station(s) and TV station, if any]. If the closing is announced in the middle of the day, please pick up your child immediately.

## **Abuse Reporting**

Our teachers are required by state law to report suspected child abuse/maltreatment. This includes non-accidental injuries, such as welts, bruises, cuts, burns, scratches, and broken bones. Suspected sexual abuse, emotional abuse, and neglect are also reported. Child neglect is defined as abandonment, lack of food, utilities, shelter, or lack of supervision.

Teachers are trained to recognize indicators of possible abuse. If they fail to report suspected abuse/maltreatment, teachers can be charged with a Class C misdemeanor. Reports are confidential and are considered allegations until an investigation is completed. The phone number for the Child Abuse Hotline is posted on the parent bulletin board near the sign-in sheet.

# Interviews by DHS and Other Agencies

Any staff member or children in attendance may be interviewed by Child Care Licensing, by the Division of Child and Family Services, and/or by law enforcement officers for the purpose of investigations or to determine compliance with licensing requirements. Child interviews do not require parental notice or consent.

[Insert a photo of program activities or sample of child's artwork]

# Children's Needs

# Clothing

Children in our program are active and creative. So that your child can fully participate in all the activities, please follow these guidelines when dressing your child for school.

- Children can easily manage clothing for toileting: fasten and unfasten buttons, zippers, snaps, buckles.
- Clothing is washable and durable enough to permit vigorous play.
- Clothing is **inexpensive** so that soiling, damage, or loss will not cause great concern.
- Shoes are sturdy and protect the child's feet. Sneakers (with socks) are the best choice. Flip flops, sandals, and open toed shoes can be hazardous.
- Clothing is **appropriate to the weather conditions.** Children will spend time outdoors every day. Be sure to send jackets, sweaters, coats, gloves, hats as needed.
- ALL clothing is **labeled** with the child's name. The program is not responsible for lost clothing items.

<u>Change of clothes at school</u>. Every child must have a complete change of clothes at school (socks, underwear, shirt, shorts/pants/skirt). Please check periodically to see if your child's change of clothes needs replacing. If a change of clothing becomes necessary during the day, the soiled clothing will be placed in a bag with your child's name on it.

#### Cubbies

Children are provided with cubbies as a means of keeping their belongings together. Please check your child's cubby each day for notes, art projects, and other items that need to go home.

# Toys

We have many materials for the children to explore. Please encourage your child to leave his/her toys at home. It is often difficult to share a toy with a group and the toy may get broken. **Toys** that resemble weapons are not permitted. If your child has a special toy, expensive toy, or toy with many pieces, please keep it safely at home. For reasons of safety, no latex balloons are allowed in the center.

# Birthdays

Your child's birthday is a special occasion to share with friends. If you would like to provide a simple snack for the group, please plan the date in advance with your child's teacher. We love your children and want them to be healthy, so please avoid high sugar/salt/fat items (cupcakes,

cookies, gingerbread men). Party napkins and plates can make graham crackers and apple juice seem quite festive! Your child's teacher can suggest appropriate snacks that your child's friends will enjoy.

#### **Behavior Guidance**

Our goal is to help children learn acceptable behavior and develop self-control. Our program is designed to promote positive and enjoyable learning experiences and to build trusting, respectful relationships. A well-planned schedule, classroom arrangement, and curriculum, along with a well-trained staff, significantly reduces instances of inappropriate behavior. However, when children do make mistakes in behavior, we use the following guidance techniques.

- Tell the child what he/she CAN do
- Give choices whenever possible, but only when the child really has a choice
- Support children in learning to solve their own problems and work out conflicts
- Re-direct a child to another activity
- Help children learn how to play with friends

Physical punishment and threats are never used by our staff.

#### Limits of Behavior

You may not hurt others.

You may not hurt yourself.

You may not hurt toys and equipment.

#### **Guidance Policy**

At enrollment, parents will be given a written copy of our behavior guidance policy. Parents will also sign an acknowledgement that they have been informed of the policy.

#### Pattern of Inappropriate Behavior

When a pattern of inappropriate behavior emerges, parents are required to meet with our staff. The goal will be to work together to find a solution to the problem behavior and resolve the difficulty. If outside professional consultation or evaluation is necessary, the center director will invite an appropriate consultant to join the parent-staff partnership.

[Insert photos of program activities or samples of children's artwork]

# Children with Special Needs

Our program accepts all children. No child is denied enrollment due to special medical, health, or developmental needs. We will work with special services providers to ensure that your child has the supports needed to foster development.

## Transitioning

As children grow, they may move to a different group within the center or into kindergarten. We will work with you to make the transition a positive experience. We will plan activities for the children and provide suggestions to you that will help your child bridge from preschool to kindergarten.

[Insert photos of program activities or samples of children's artwork]

# Family-Staff Partnership

# Confidentiality

All information about children and families is considered confidential. Staff members and volunteers will maintain the confidentiality of each family and of each child's educational records.

#### Communication

We use a number of methods to communicate between center and your family.

- Talk you your child's teacher at drop-off and pick-up time.
- Read posted weekly lesson plans and daily schedules.
- Read special event notices posted near the sign-in sheet.
- Read the information on the parent bulletin board.
- Read the center newsletter that is sent home every month.
- Enjoy the photos, children's work, and other documentation of children's activities. These are posted in your child's room and throughout the center.
- Check your child's cubby for notices.
- Talk with you in a parent-teacher conference
- Share information in center-wide parent meetings
- Visit the center! You are welcome to drop by any time.

## Orientation [Insert your policy]

Families who are new to our program are expected to attend our fall parent orientation meeting. During this time we will explain policies and procedures and answer your questions. If a child enrolls during the year, the family will be asked to participate in a 30-minute orientation conference with the director.

# Daily Arrivals and Departures

A parent or authorized adult must accompany children into and out of the center at all times, and must sign children in and out. Arrival and departure times are very busy; for safety, please hold your child's hand in the parking lot. (See page 10 for bus transportation policies)

Drop-off and pick-up times are opportunities to exchange information with our staff. As staff members are greeting children, parents often have lots of information to give us. Please help us do a good job—if it's important for us to know, write it down and hand it to a staff member.

#### Parent-Teacher Conferences

Conferences are scheduled twice a year at a time that you will be able to attend. We look forward to these special opportunities to talk about your child's progress. Parents or teachers may wish to request additional conferences as needed.

#### Meetings and Special Events

Family events will be planned throughout the year. We encourage your family to participate in these special activities. Notice of these events will be in the newsletter and posted on the parent bulletin board.

## Photographs and Video

Teachers use digital cameras and digital video to record children's activities. Documentation of children's activities is used for families to see what their children are doing in the center, and also for children to recall what they have been doing. You will see photographs throughout the center. Video may be used occasionally during meetings or special events.

Photographs and video may also be submitted occasionally to the [insert name of local newspaper] to inform the community about our program. Our staff may also share photographs and video with other teachers in professional meetings, classes, and workshops.

During the enrollment process, parents will sign a release for their children to be included in photographs and video.

# **Advisory Group**

A parent advisory group will be formed at the beginning of each year. This group will work with the director to make recommendations for program improvements and to help plan special events.

# Family Library

The center has a small library of books and videos on child development and parenting. Topics include behavior guidance, developmental characteristics, and special concerns (going to the hospital; step-parenting, for example). The center director can assist you with these materials and can also refer you to resources at the public library.

# **Enrollment**

# Eligibility

We accept all eligible applicants until our maximum enrollment is reached. To review eligibility requirements, contact the center director.

#### **Enrollment**

During the enrollment process, parents will attend an orientation session (see page 12) and will complete all the necessary forms.

[list forms required by your program here]

#### Withdrawal

If your child will be withdrawing from our program before the end of the school year, please inform us as soon as possible. This allows us to help your child prepare for a new experience. Also, we can notify another family who may be waiting for a place in our program.

[Insert a photo of program activities or sample of child's artwork]

2008-09 Calendar

## [Insert your calendar of events: holidays, conference dates, meetings, etc.]

| AUGUST    | 11<br>13   | New Family Orientation, 6:30 p.m. Parent Meetings: Infant/toddler, 6:30 p.m. Preschool, 7:30 p.m. |
|-----------|------------|---|
|           | 20<br>31   | Fall term begins Fall term begins for Preschool 3   |
| SEPTEMBER | 7          | Labor Day, center closed  |
| OCTOBER   | 1<br>14-16 | School pictures Arkansas Early Childhood Association, annual conference Little Rock               |
|           | 30         | Fall luncheon in each preschool class   |
| NOVEMBER  | 26-27      | Thanksgiving Holiday, center closed   |
| DECEMBER  | 10<br>18   | Preschool Parent-Child Night, 6:30-7:30 p.m.<br>Last day of fall term                             |
| JANUARY   | 4<br>18    | Spring term begins Martin Luther King holiday, center closed                                      |
| FEBRUARY  | 11         | Valentine luncheons in each preschool class   |
| MARCH     | 15-19      | Spring break, center closed   |
| APRIL     | 8          | Parent teacher meeting, 6:30 p.m.   |
| MAY       | 1<br>27    | Preschool Parent-Child Day<br>Spring term ends  |

BB Toolkit/08.08

# Sample Individual Professional Development Plan

| Name <u>Ms. LMNOP</u>  | Po                               | sition <u>Assistant Teache</u> | er                        |
|--|----------------------------------|--------------------------------|---------------------------|
|  |                                  |                                |                           |
| Goal   | Action Steps                     | Resources                      | Completion<br>Needed Date |
|  | Enroll in I/T Framework #3 (4 ho | urs)                           | 5/27/09                   |
| Obtain 12 clock hours of approved training in order to meet professional dev. requirement for Level 2. | Guidance That Teaches (3 hours)  |                                | 10/17/08                  |
| dev. requirement for Level 2.  | Best Care (5 hours)              |                                | 2/11/09                   |
|  |                                  |                                |                           |
|  |                                  |                                |                           |
|  |                                  |                                |                           |
| Supervisor comments:   | E                                | nployee comments:              |                           |
|  |                                  |                                |                           |
| Supervisor's Signature   | Date                             | Employee's Signature           | Date                      |

# **Individual Professional Development Plan**

| Name                   | P            | osition              |                 |
|------------------------|--------------|----------------------|-----------------|
| Goal                   | Action Steps | s Resources Needed   | Completion Date |
|                        |              |                      |                 |
|                        |              |                      |                 |
|                        |              |                      |                 |
|                        |              |                      |                 |
| Supervisor comments:   |              | Employee comments:   |                 |
|                        |              |                      |                 |
| Supervisor's Signature | Date         | Employee's Signature | Date            |

## **Sample Job Description**

Full-time Assistant Teacher (35-40 hours per week) Center Director Position:

Direct Supervisor:

Qualifications:



- High school diploma or GED certificate
- Enrolled in ECE course work or CDA program
- Minimum of 1 year experience teaching young children
- Current health card
- Demonstrated ability or requisite personal qualities to work well with children and adults

## Children's Center Philosophy and Program Expectations

- Attends scheduled staff and team meetings
- Acquires at least 30 hours of educational training annually

#### **Interactions with Families and Staff**

- Communicates effectively with other adults in the program
- Demonstrates respect for families and co-workers
- Works as a part of a team with concern for the entire program

#### **Interactions with Children**

- Exhibits positive interaction through communication, actions, contact, and responsiveness
- Encourages language development through activities, songs, questions, books and other means
- Uses appropriate child guidance techniques

### **Classroom Responsibilities**

- Submits building maintenance forms for classroom and facility repairs as needed
- Maintains daily schedule while meeting the needs of the children
- Maintains a clean, organized and inviting classroom environment that encourages exploration
- Uses the outdoors as part of the learning environment
- Implements curriculum and other learning experiences as delegated by Lead Teacher

## **Health, Safety and Emergency Procedures**

- Has a thorough knowledge of and follows emergency plans
- Understands and follows all child supervision policies and procedures
- Records daily attendance
- Records food records, serves children and models during meal times
- Abides by all health and safety standards
- Checks children for signs of illness or accidents
- Follows all Center and DHS policies and procedures

## **Work Ethic and Professional Responsibilities**

- Maintains professional appearance
- Meets program requirements for attendance
- Maintains professional composure during a busy working day
- Exhibits judgment and independence
- Shows initiative and is open to new ideas

# Staff Acknowledgement of Orientation

| i nave read and/or been oriented to |  |
|-------------------------------------|--|
|                                     | (Facility Name)                                |
|                                     | . I have been oriented to the fact that I am a |
|                                     |  |
| Witness                             | Employee                                       |
| Date                                | Date Signed                                    |
|                                     | Date hired                                     |
|                                     | Date completed orientation                     |

DCC 589 P(8/97) TECHNICAL ASSISTANCE

## **Parent Survey**

Please circle ONE response to complete each statement.

1 Excellent 2 Satisfactory 3 Needs Improvement 4 Unsatisfactory 5 No Response

#### My child's teacher

- 1 2 3 4 5 shows genuine concern and affection for my child
- 1 2 3 4 5 acts in a professional manner both with the children and with parents
- 1 2 3 4 5 actively participates and is involved with the children
- 1 2 3 4 5 is consistent
- 1 2 3 4 5 creates an atmosphere that is home-like and safe
- 1 2 3 4 5 is available to discuss appropriate issues and concerns

### The food program at the Center

- 1 2 3 4 5 serves nutritious breakfasts, lunches, and snacks to my child
- 1 2 3 4 5 has an adequate variety of foods in the menu
- 1 2 3 4 5 is carried out in a clean and healthy environment

# Program activities at the Center My child

- 1 2 3 4 5 is given age appropriate activities in class
- 1 2 3 4 5 has many opportunities for intellectual growth and development.
- 1 2 3 4 5 has many opportunities to develop responsibility
- 1 2 3 4 5 has many opportunities to develop listening skills

#### My child's classroom

- 1 2 3 4 5 is an attractive, pleasant, and safe place for my child to spend the day
- 1 2 3 4 5 provides a welcome and inviting place to learn
- 1 2 3 4 5 displays the children's work for all to appreciate

## **COMMUNICATION** at the Center

- 1 = yes 2 = no 3 = needs improvement
- 1 2 3 I have good communication with my child's teacher
- 1 2 3 I have good communication with the day school director
- 1 2 3 If I have a concern about something at the school, I know with whom to talk
- 1 2 3 If I am concerned about something at school, I feel comfortable talking about it with my child's teacher
- 1 2 3 If I am unhappy about my child's teacher or something related to the classroom or to the school, I feel comfortable talking with the director about it
- 1 2 3 Notes, invoices, etc. concerning school business and activities reach me in an appropriate way

| Please complete this statement: | I wish that the Center |  |
|---------------------------------|------------------------|--|
| •                               |                        |  |

Thank you for your cooperation in filling out and returning this questionnaire to the school!

## **FAMILY SATISFACTION SURVEY**

Please give us your honest opinions in order to help us improve our services for children and families. In order to improve, we need to know what we are doing well and what we could do better!

## On a scale from 1 to 5 please circle your response:

How well is our program serving your needs in the following areas?

|   | poor      | fair    | average | good | excellent |
|---|-----------|---------|---------|------|-----------|
| Child health and safety                     | 1         | 2       | 3       | 4    | 5         |
| Child education and development             | 1         | 2       | 3       | 4    | 5         |
| Overall care of your child                  | 1         | 2       | 3       | 4    | 5         |
| Communication with staff                    | 1         | 2       | 3       | 4    | 5         |
| Responsiveness to parent's needs            | 1         | 2       | 3       | 4    | 5         |
| Opportunity for parent involvement          | 1         | 2       | 3       | 4    | 5         |
| Handling of parent concerns                 | 1         | 2       | 3       | 4    | 5         |
| Level of trust in the program               | 1         | 2       | 3       | 4    | 5         |
| Feelings about the program and/or suggestio | ns for in | nproven | nent:   |      | _         |

Thank you for taking the time to share your thoughts about the program with us!

Contributed by an early education program in Arkansas

Date:\_\_\_\_

## Pretty Good Preschool Center Parent/Guardian Opinion Survey

June 2008

Purpose: The Pretty Good Preschool has undergone numerous changes due to feedback from parents, the community, and the Quality Approval Initiative (such as fewer infants served in each room). To ensure continued satisfaction for our parents and children, the Board of Directors and management team are interested in your opinion about the Center, including the educational program, staff, food service, fee scale, etc.

We welcome your input and look forward to learning more about the perceptions of our customers, the parents/guardians of the children, which we serve.

Please complete a survey for each child that you have in the Center and place it in the tuition box by **Friday**, **June 27**.

|   | Stroi<br>Disa |   | - | ee | 2 = Agree<br>5 = Strongly Disagree   |
|---|---------------|---|---|----|--|
| 1 | 2             | 3 | 4 | 5  | 1. I feel that my child is well cared for at the Center.   |
| 1 | 2             | 3 | 4 | 5  | 2. I feel that my child is happy at the Center.  |
| 1 | 2             | 3 | 4 | 5  | <ol><li>I feel my child is welcomed and made to feel special when he/she<br/>is dropped off at the Center.</li></ol>         |
| 1 | 2             | 3 | 4 | 5  | <ol> <li>I feel that the layout of the Center is conducive to learning and<br/>gross motor development.</li> </ol>           |
| 1 | 2             | 3 | 4 | 5  | 5. I feel that the Center is a healthy environment for my child.   |
| 1 | 2             | 3 | 4 | 5  | 6. I feel that the facility is clean and maintained in good condition.   |
| 1 | 2             | 3 | 4 | 5  | <ol><li>I feel that the meals and snacks my child receives are adequate<br/>and of high quality.</li></ol>                   |
| 1 | 2             | 3 | 4 | 5  | 8. I feel that my child's teacher maintains good communication with me regarding my child and Center news.                   |
| 1 | 2             | 3 | 4 | 5  | <ol><li>In comparison with other childcare facilities, the Center has more<br/>to offer my child.</li></ol>                  |
| 1 | 2             | 3 | 4 | 5  | 10. I feel that the Center fees are reasonable for the quality of care my child receives and in comparison to other centers. |
| 1 | 2             | 3 | 4 | 5  | 11. I feel that the environment, equipment and curriculum program are preparing my child for the next stage of development.  |
|   |               |   |   |    |  |

For any statements that you may mark as "disagree" or "strongly disagree", please provide additional comments on the back of the form.

| If your child is between age 4 ar | nd 5, do you feel he | /she is being adequ | ately prepared for |
|-----------------------------------|----------------------|---------------------|--------------------|
| Kindergarten? Yes                 | NoNot A              | pplicable           |                    |
| If no, please explain:            |                      |                     |                    |

| Please rate the quality of the Pretty Good Preschool Center staff on a scale of 1 to 5:<br>1= excellent 2= good 3= average 4= below average 5= poor |  |  |  |  |
|---|--|--|--|--|
| 1 2 3 4 5 Administrative Staff: Ms. A, Ms. B, Ms. C, Ms. D, Food Service, and Office Staff  |  |  |  |  |
| 1 2 3 4 5 Teaching Staff: Lead Teachers, Assistant Teachers and Support Staff   |  |  |  |  |
| 1 2 3 4 5 Overall rating of the Center  |  |  |  |  |
| Why did you choose the Pretty Good Preschool Center for your childcare needs?  Please check all that apply: hours of operation facilities           |  |  |  |  |
| Please list any additional services in which you would be interested:   |  |  |  |  |
|   |  |  |  |  |
| The part of the Center that I like best is:   |  |  |  |  |
|   |  |  |  |  |
| The part of the Center that I like least is:  |  |  |  |  |
|   |  |  |  |  |
| Please list any other comments or suggestions regarding the Center.   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
| Your child's teacher's name: Class name:  |  |  |  |  |
| *Your Name: Telephone:  |  |  |  |  |
| *Your name is voluntary and not required for the completion of this survey.   |  |  |  |  |
| Would you like a board member to contact you regarding this survey?YesNo  |  |  |  |  |
| If yes, when is the best time to contact you? Day Time  |  |  |  |  |
| Thank you for completing our survey!  |  |  |  |  |

Contributed by an early education program in Arkansas

## **Parent/Provider Contract**

| This is a contract between (herein called  |
|--|
| Parent(s)) and, owner of Daycare, Licensed Daycare Home (herein called   |
| Provider).   |
|  |
| 1.Childcare services will be provided by <u>(your name)</u> Daycare for (name of child) on (circle days needed) Mon. Tues. Wed |
| Thurs. Fri from until beginning on All crafts, activities,   |
| and meals are included.  |
| and means are meraded.   |
| 2 The following will be neid helidays. No shildays comics will be provided.  |
| 2. The following will be <u>paid</u> holidays. No childcare service will be provided:  |
| New Year's Eve (close at 1:00 PM), New Year's Day, Independence Day, Labor Day,  |
| Memorial Day, Thanksgiving Day and the day after Thanksgiving, Christmas Eve (24 <sup>th</sup> )                               |
| (close at 1:00 PM), and Christmas Day (25 <sup>th</sup> ) and the day after Christmas (26 <sup>th</sup> ). If it               |
| happens where Christmas fall on a Saturday I will have the Friday before off and if it falls                                   |
| on a Sunday I will have that Monday off. (your name) Daycare may also be closed for 1  |
| week paid vacation and 10 personal days without charge to the Parent.  |
|  |
| 3. The fee for childcare will be \$ per week payable on  |
| prior to service being provided. Parent agrees childcare fees are due regardless of  |
|  |
| attendance. If payment is not made by this set day a \$10.00 per day late fee will be  |
| enforced.  |
|  |
| 4. Parent agrees to pay an enrollment fee of \$ payable within the first week  |
| of care. Parent understands the enrollment fee is nonrefundable. These fees are due the first                                  |
| week of care.  |
|  |
| 5. Parent agrees to pay the deposit fee of 1 week \$ for clients. You will   |
| receive this deposit back after the first 6 month of childcare. These fees are due the first                                   |
| week of care.  |
| WOOK OF GALO.  |
| 6. Parent agrees to pay \$20.00, and additional costs incurred, along with my late fee if a                                    |
|  |
| check is returned to Provider. There after payments will be cash.  |
|  |
| 7. Parent agrees to pay the No Show fee of \$20.00 if no notice of absence is given to the                                     |
| Provider.  |
|  |
| 8. Parent will pay late fee of \$10.00 per day if payment is not received by 5:00 PM on the                                    |
| due date of Parent agrees that if payment is not received within 3 days at   |
| drop off time, including all late fees; the child will not be accepted into care. Parent agrees                                |
| that if 7 days passes without payment made, childcare services will be terminated and the                                      |
| collection's process begun.  |
| concensin a process occur.   |
| O Depart agrees to pay all costs associated with collection of any unneid daht to Describe                                     |
| 9. Parent agrees to pay all costs associated with collection of any unpaid debt to Provider.                                   |

- 10. Parent agrees to provide 2 weeks notice prior to any vacation time. Parent agrees to pay childcare fees to hold child's position during any vacation time or extended leave due to illness, etc., up to 2 weeks per year. Full payment must be received whether or not child attends.
- 11. Parent and Provider agree to provide 2-week notice of termination of the Childcare Contract. Parent agrees that if 2 weeks notice is not given to Provider prior to withdrawal of the child from my Daycare, the final 2 weeks fees will still be payable to Provider.
- \*Provider has the right to terminate a contract without notice in the case of harm to other children or a dangerous situation due to that child has caused intentionally or other wise.
- 12. Parent agrees to complete all forms required and given by (your name) Daycare. Parent agrees to update personal information as it occurs. Parent understands that child cannot remain in care without proper documentation on file.
- 13. Parent agrees to provide all supplies requested by Provider. Parent understands if required items are not supplied, they will be purchased by (your name) Daycare and Parent will reimburse Provider for the full cost.

\*I urge you to thoroughly read the contract/handbook and realize that it is legal and you will be held liable for each item of the contract. By signing it, you are accepting it in all it's terms.

| Parent Signature:   | Date: |  |
|---------------------|-------|--|
| Parent Signature:   | Date: |  |
| Turont dignature.   | Butc  |  |
| Provider Signature: | Date: |  |

Source: Retrieved 3/20/09, from http://www.thedaycarelady.com/parentprovidercontract.doc.

# **Sample Performance Appraisal Form**

| Name       |                   | Date         |
|------------|-------------------|--------------|
| Position _ | Assistant Teacher | Date of hire |

|   | Notes | Exceeds<br>Expectations | Meets<br>Expectations | Needs Help<br>Meeting<br>Expectations |
|---|-------|-------------------------|-----------------------|---------------------------------------|
| Attends scheduled staff and team meetings   |       |                         |                       |                                       |
| Acquires at least 30 hours of educational training annually                                 |       |                         |                       |                                       |
| Communicates effectively with other adults in the program                                   |       |                         |                       |                                       |
| Demonstrates respect for parents and co-workers   |       |                         |                       |                                       |
| Works as a part of a team with concern for the entire program                               |       |                         |                       |                                       |
| Exhibits positive interaction through communication, actions, contact, and responsiveness   |       |                         |                       |                                       |
| Encourages language development through activities, songs, questions, books and other means |       |                         |                       |                                       |
| Uses appropriate child guidance techniques  |       |                         |                       |                                       |

|   | Notes | Exceeds<br>Expectations | Meets<br>Expectations | Needs Help<br>Meeting<br>Expectations |
|---|-------|-------------------------|-----------------------|---------------------------------------|
| Submits building maintenance forms for classroom and facility repairs                       |       |                         |                       |                                       |
| Maintains daily schedule while meeting the needs of the children                            |       |                         |                       |                                       |
| Maintains a clean, organized and inviting classroom environment that encourages exploration |       |                         |                       |                                       |
| Uses the outdoors as part of the learning environment                                       |       |                         |                       |                                       |
| Implements curriculum and other learning experiences as delegated by Lead Teacher           |       |                         |                       |                                       |
| Has a thorough knowledge of and follows emergency plans                                     |       |                         |                       |                                       |
| Understands and follows all child supervision policies and procedures                       |       |                         |                       |                                       |
| Records daily attendance  |       |                         |                       |                                       |
| Records food records, serves children and models during meal times                          |       |                         |                       |                                       |
| Abides by all health and safety standards   |       |                         |                       |                                       |
| Checks children for signs of illness or accidents   |       |                         |                       |                                       |

|  | Notes | Exceeds<br>Expectations | Meets<br>Expectations | Needs Help<br>Meeting<br>Expectations |
|--|-------|-------------------------|-----------------------|---------------------------------------|
| Follows all Center and DHS policies and procedures         |       |                         |                       |                                       |
|  |       |                         |                       |                                       |
| Maintains professional appearance                          |       |                         |                       |                                       |
| Meets program requirements for attendance                  |       |                         |                       |                                       |
| Maintains professional composure during a busy working day |       |                         |                       |                                       |
|  |       |                         |                       |                                       |
| Exhibits judgment and independence                         |       |                         |                       |                                       |
| Shows initiative and is open to new ideas                  |       |                         |                       |                                       |

# Sample Individual Staff Development Plan

| Name                   |              | Position Assistant Teach | <u>ner</u>         |
|------------------------|--------------|--------------------------|--------------------|
| Goal                   | Action Steps | Resources Needed         | Completion<br>Date |
|                        |              |                          |                    |
|                        |              |                          |                    |
|                        |              |                          |                    |
|                        |              |                          |                    |
|                        |              |                          |                    |
|                        |              | <u>'</u>                 |                    |
| Supervisor comments:   | Emp          | loyee comments:          |                    |
|                        |              |                          |                    |
| Supervisor's Signature | Date         | Employee's Signature     | Date               |

## PRETTY GOOD PRESCHOOL

Annual Salary
Full-day Teacher
3 days per week, Sept.-May

| Experience | With CDA | With BA |
|------------|----------|---------|
| 1          | 7330     | 7505    |
| 2          | 7405     | 7580    |
| 3          | 7480     | 7655    |
| 4          | 7555     | 7730    |
| 5          | 7630     | 7805    |
| 6          | 7705     | 7880    |
| 7          | 7780     | 7955    |
| 8          | 7855     | 8030    |
| 9          | 7930     | 8105    |
| 10         | 8005     | 8180    |
| 11         | 8080     | 8255    |
| 12         | 8155     | 8330    |
| 13         | 8230     | 8405    |
| 14         | 8305     | 8480    |
| 15         | 8380     | 8555    |
| 16         | 8455     | 8630    |
| 17         | 8530     | 8705    |
| 18         | 8605     | 8780    |
| 19         | 8680     | 8855    |
| 20         | 8755     | 8930    |

# Salary Scale, Teacher Assistant

| Education              | 0.000/ |            |    |          |                   |          |                   |                              |
|------------------------|--------|------------|----|----------|-------------------|----------|-------------------|------------------------------|
| Factor                 | 2.00%  |            |    |          |                   |          |                   |                              |
| Experience<br>Factor   | 1.00%  |            |    |          |                   |          |                   |                              |
|                        |        |            |    |          |                   |          |                   |                              |
| M-F all day            |        | Base       |    | HS +     | College<br>Degree | CDA      | Related<br>Degree | Early<br>Childhood<br>Degree |
| Assistant              |        | \$7,634.38 | 0  | 7,634.38 | 7,787.07          | 7,942.81 | 8,101.67          | 8,263.70                     |
| 8:30 to 2:45           |        |            | 1  | 7,710.72 | 7,864.94          | 8,022.24 | 8,182.68          | 8,346.34                     |
| 6.25 hrs               |        |            | 2  | 7,787.83 | 7,943.59          | 8,102.46 | 8,264.51          | 8,429.80                     |
|                        |        |            | 3  | 7,865.71 | 8,023.02          | 8,183.48 | 8,347.15          | 8,514.10                     |
| 15.625 hrs of training |        |            | 4  | 7,944.37 | 8,103.25          | 8,265.32 | 8,430.63          | 8,599.24                     |
|                        |        |            | 5  | 8,023.81 | 8,184.29          | 8,347.97 | 8,514.93          | 8,685.23                     |
| \$7.00/hr              |        |            | 6  | 8,104.05 | 8,266.13          | 8,431.45 | 8,600.08          | 8,772.08                     |
|                        |        |            | 7  | 8,185.09 | 8,348.79          | 8,515.77 | 8,686.08          | 8,859.80                     |
|                        |        |            | 8  | 8,266.94 | 8,432.28          | 8,600.92 | 8,772.94          | 8,948.40                     |
|                        |        |            | 9  | 8,349.61 | 8,516.60          | 8,686.93 | 8,860.67          | 9,037.89                     |
|                        |        |            | 10 | 8,433.11 | 8,601.77          | 8,773.80 | 8,949.28          | 9,128.26                     |
|                        |        |            | 11 | 8,517.44 | 8,687.78          | 8,861.54 | 9,038.77          | 9,219.55                     |
|                        |        |            | 12 | 8,602.61 | 8,774.66          | 8,950.16 | 9,129.16          | 9,311.74                     |
|                        |        |            | 13 | 8,688.64 | 8,862.41          | 9,039.66 | 9,220.45          | 9,404.86                     |
|                        |        |            | 14 | 8,775.52 | 8,951.03          | 9,130.05 | 9,312.66          | 9,498.91                     |
|                        |        |            | 15 | 8,863.28 | 9,040.54          | 9,221.35 | 9,405.78          | 9,593.90                     |
|                        |        |            | 16 | 8,951.91 | 9,130.95          | 9,313.57 | 9,499.84          | 9,689.84                     |
|                        |        |            | 17 | 9,041.43 | 9,222.26          | 9,406.70 | 9,594.84          | 9,786.73                     |
|                        |        |            | 18 | 9,131.84 | 9,314.48          | 9,500.77 | 9,690.79          | 9,884.60                     |
|                        |        |            | 19 | 9,223.16 | 9,407.63          | 9,595.78 | 9,787.69          | 9,983.45                     |
|                        |        |            | 20 | 9,315.39 | 9,501.70          | 9,691.74 | 9,885.57          | 10,083.28                    |
|                        |        |            | 21 | 9,408.55 | 9,596.72          | 9,788.65 | 9,984.43          | 10,184.12                    |

Contributed by an early education program in Arkansas

## **STAFF TRAINING**

Rosemarie Vardell, M.A. Director, Children's Campus Duke University, Durham, North Carolina

Well-trained staff members are the key to providing quality child care programs. Training can help staff members improve their skills and learn how to manage a program effectively. Good training programs offer fresh and interesting ideas for activities. They also help staff members grow as professionals. Training is an important part of keeping a program alive and healthy.

Finding training that is affordable and making all the necessary arrangements can be overwhelming. Training can easily slip to the bottom of your list. You may think of it only when problems arise. To avoid this problem, take time once each year to develop a training plan. Come up with interesting events for everyone to look forward to.

Use these steps to develop a yearly training plan.

#### **ASSESS STAFF NEEDS**

Ask staff members to complete a simple survey. Include open-ended questions. Ask what they want to know more about. You can also list specific topics, and ask your staff how interested they are in these topics. You might ask: "Would you be interested in training on how to organize special events?" A range of responses such as no interest, some interest, or very interested tells you more than simple yes or no responses. Compile the results of the surveys, and report back to your staff.

Use staff evaluations to determine individual training needs. If several staff members need work in a specific area, this area may be a good training topic. If only one or two people need training in an area, find specific workshops, conferences, or readings for them.

### **SELECT TRAINING TOPICS**

Rank the topics according to the amount of interest your staff showed in them. The topics that were the most interesting will be highest on your list - if they are feasible to present.

### **IDENTIFY YOUR RESOURCES**

Finding the right trainer is very important. If you can afford to hire a consultant to provide training, ask other directors who they have used. Or ask consultants who gave excellent sessions at meetings you attended.

Agencies may also provide training for child care staff. Possible agencies to contact include child care regulating agencies, child care resource and referral groups, the Cooperative Extension Service, public health departments, and professional child care organizations.

Sometimes the program director or an experienced staff member can provide training. You can get variety and fresh ideas by "swapping" trainers with another facility. Plan a cooperative training event to help with costs. It will also give your staff a chance to talk with staff members from other programs. Books and tapes are useful training tools. Check with agencies and other centers for

recommendations. Book catalogues and your local library can also be sources of ideas.

#### **DEVELOP A TRAINING BUDGET**

Child care program budgets are always stretched thin. Show your staff that training is important by setting money aside for it. Some programs pay their staff members a small amount to present a workshop. This shows that you value their work, and it does not cost a lot. Other programs have asked employers or community agencies to fund their training plans. One program got \$5,000 from a local foundation to help staff attend college classes!

#### ARRANGE TIMES AND PLACES

Survey staff members to find the best time to offer training. There is rarely one time that is perfect for everyone. If you train outside the normal work day, you must decide whether or not to require attendance. If attendance is required, let staff know before they are hired. Also, tell everyone the dates and times of training early enough for them to plan to attend.

Training often occurs at the center. Sometimes, moving to a different location can help staff be open to new ideas and get their creative juices flowing. Libraries, civic centers, and other child care facilities could be used as training locations.

#### **EVALUATE**

After each session, ask staff members to evaluate the training. Use a simple form that can be used to plan future programs. Ask for feedback on the trainer, topic, time, and location.

Writing a yearly staff training plan can be exciting. It helps you develop a plan for improving services, and it helps staff members to grow as professionals. Staff members who have a sense of growth are more likely to continue working with school-age children.



## **STAFF MEETING MINUTES**

| Agenda Item        | Summary of Discussion | Action to Be Taken |
|--------------------|-----------------------|--------------------|
|                    |                       |                    |
|                    |                       |                    |
| Recorder Signature | Date                  |                    |

| Staff Meeting         | Notes                  |           |
|-----------------------|------------------------|-----------|
| Date: Attendees:      | Page                   | of        |
| Areas of Discuss      | sion                   |           |
| Topic/Agenda Item:    |                        |           |
| Discussion:           |                        |           |
| Next Steps/Decisions: | Person(s) responsible: | Deadline: |
| Topic/Agenda Item:    |                        | <u></u>   |
| Discussion:           |                        |           |
| Next Steps/Decisions: | Person(s) responsible: | Deadline: |

# **STAFF MEETING SIGN-IN SHEET**

| <br>Date |  |
|----------|--|
|          |  |
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## PROGRAM DEVELOPMENT PLAN

(Complete one page for each goal)

| Program Name   | m Name Date plan was developed   |   |                               |                                |
|--|----------------------------------|---|-------------------------------|--------------------------------|
| Goal:  |                                  |   |                               |                                |
| Objectives:  |                                  |   |                               |                                |
| Action Steps<br>What will be done?                     | Responsibilities Who will do it? | Resources Funding/people/time/materials | Timeline By when? (day/month) | Progress Completed or adjusted |
|  |                                  |   |                               |                                |
| Evidence of success<br>(How will you know you've reach | ned your goal?)                  |   |                               |                                |